## 140% - 1400 - 4006

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

灣14 OCT 14 PM 4:50 Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 C-MAIL CENTER
Americanis Fior Ohio			
ADDRESS (number and street)	[1,1,4,2,5] Harrbor, vii en Diriive		
(Check if address is changed)			
	CITY A		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRESS			
(Check if address is changed)  [3.P.L.@a,me,r,i,c,a,n,s,f,o,r,o,h,i,o,o,o,r,g, , , , , , , , , , , , , , , , , ,			
- '	Optional Second E-Mail Add	_	[[.,c,o,m],
COMMITTEE'S WEB PAGE ADDRESS (URL)			
(Check if address is changed)   www.w.americicansformore			
2. DATE \[ \begin{align*} A A A A A A A A A A A A A A A A A A A			
3. FEC IDENTIFICATION NUMBER ▶ C			
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Geoffrey P. Lore			
Signature of Treasurer	er.	·	Date og / by / 2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only		For further information is Federal Election Commiss Toll Free 800-424-9530	ECL. ELIBINI I